

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)	10/15/2023					
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
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25							75						
26							76						
27							77						
28	/						78						
29	/						79						
30	/	-					80						
31	/	-					81						
32	/						82						
33	/						83						
34	/						84						
35	/						85						
36	/						86						
37	/						87						
38	/						88						
39	/						89						
40	/						90						
41	/						91						
42	/						92						
43	/						93						
44	/	-					94						
45	/	-					95						
46	/						96						
47	/						97						
48	/	-					98						
49	/	-					99						
50	/	-					100						
TOTAL IND.	3						TOTAL IND.						
TOTAL DEP.	20						TOTAL DEP.						
TOTAL CLAIMS	23						TOTAL CLAIMS						